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Rachel Lauren Ozanne

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**The Healing Subconscious: Refocusing The Historiography of  
Psychology and Religion through the Emmanuel Movement**

APPROVED BY

SUPERVISING COMMITTEE:

**Supervisor:** \_\_\_\_\_  
Robert H. Abzug

\_\_\_\_\_  
Thomas A. Tweed

**The Healing Subconscious: Refocusing The Historiography of  
Psychology and Religion through the Emmanuel Movement**

By

**Rachel Lauren Ozanne, B.A.**

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# **The Healing Subconscious: Refocusing The Historiography of Psychology and Religion through the Emmanuel Movement**

by

Rachel Lauren Ozanne, MA

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SUPERVISOR: Robert H. Abzug

The Emmanuel Movement is frequently cited by scholars of the history of religion and psychology in the United States. While the story of the movement has been told many times, scholars have missed key ideas about the movement that become clear when we compare the various historical approaches to the movement. I review the Emmanuel Movement's ideas, taking note of its intellectual influences, its relationship to other liberal Protestant traditions, and its place in turn-of-the-century culture. By reviewing the ideas of the movement, I observe that the Emmanuel Movement brings into focus previously obscure intellectual figures in the history of the movement, foreshadows late-twentieth century cooperation between medicine and religion through mindfulness movements, and highlights a strand of liberal Protestantism that originates in a Jamesian psychology of the healing subconscious. This new look at the Emmanuel Movement thus provides new avenues of inquiry for students of religion and psychology.

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## Introduction

The Emmanuel Movement was the quintessential overnight success. In November 1906, Dr. Elwood Worcester and Samuel McComb, ministers of the Episcopal Emmanuel Church of Boston, completed a lecture series on new psychological ideas and faith healing. Worcester, believing that Christianity had lost its original power, proposed to reclaim the power of healing that Jesus left to the church through modern science's knowledge of the subconscious. To that end he invited all present to come by the church to talk about their "moral problems or psychical disorders."<sup>1</sup> The next day nearly two hundred people appeared seeking counsel. Clearly, Worcester and McComb had tapped into a genuine need in their community.

Word of the Emmanuel Movement spread quickly through the press—much to Worcester's frustration. It was in fact journalists that coined the term "Emmanuel Movement." Initial coverage reported outlandish goings-on at the meetings. One paper apparently reported that Worcester claimed to be able to raise people from the dead!<sup>2</sup> Still, not all of the press was negative. The movement received its first national coverage in 1907 in *Good Housekeeping*, which gave a positive review.<sup>3</sup> Worcester and his movement were popular subjects in many periodicals from 1907 to 1912, especially women's magazines. From November 1908 through March 1909, Worcester published a

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<sup>1</sup> Elwood Worcester, *Life's Adventure: The Story of a Varied Career* (New York: Charles Scribner's Sons, 1932), 287.

<sup>2</sup> Ibid 288.

<sup>3</sup> Raymond J. Cunningham, "Ministry of Healing: The Origins of the Psychotherapeutic Role of American Churches," Ph.D. diss, (Johns Hopkins University, 1965), 147.

series of five articles for *The Ladies' Home Journal*, which reported the movement's basic ideas and fundamental methods, along with numerous case studies.<sup>4</sup>

Worcester and McComb's ideas and practices also spread across the country through their connections to other churches. Their first "convert," Lyman Powell, was from small-town Northampton, Massachusetts. Powell had been a long-time opponent of Christian Science. While he appreciated their zeal for healing, he disapproved of their distance from traditional Christianity. However, Worcester and McComb inspired Powell to open his own treatment clinic and to begin teaching classes on health and healing in his church.<sup>5</sup> Other ministers in larger cities soon followed Powell's example, including notables such as Bishop Samuel Fallows of Chicago and the Reverend Loring Batten of New York.<sup>6</sup> Worcester and McComb inspired health classes or clinics in Detroit, Philadelphia, Cleveland, New York City, Buffalo, Jersey City, Rochester (Worcester's boyhood home), Baltimore, Columbus, Chicago, and even more distant cities such as Seattle and San Francisco.<sup>7</sup>

From the beginning, the Emmanuel Movement proved an odd combination of medical, psychological, and religious ideas. To meet his goal of combining religion and science Worcester drew upon the latest in psychological theories of the subconscious and biblical faith healing or mind cure movements, such as New Thought or Christian Science. Mind cure movements often shared intellectual inspiration with the movement, including Gustav Fechner, William James, and Frederic Myers. Worcester nevertheless

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<sup>4</sup> Ibid 163.

<sup>5</sup> Ibid 148-9.

<sup>6</sup> Ibid 151-2, 172.

<sup>7</sup> Ibid 150 ff.



emphatically differentiated his efforts from theirs, primarily by appealing to his cooperation with physicians and by rejecting their unusual metaphysical views—that material reality exists only the mind.<sup>8</sup> Worcester and McComb defended the movement by providing a detailed explication of its ideas and aims—assuring his religious and medical critics that he intended “to establish no new dogma.”<sup>9</sup> Thus, while the Emmanuel Movement was a kind of religious movement, it was unusual because its ministers yielded some of their sphere of dominion to physicians. Indeed Worcester wrote the key representative publication of the movement, *Religion and Medicine*, in collaboration with Boston physician and psychiatrist Isador Coriat.

Worcester’s various aims and intellectual influences explain why scholars have been able to use the movement to support a variety of historical arguments. The Emmanuel Movement stands out as a frequently cited example in histories of late nineteenth- and early twentieth-century religion, psychology, and psychotherapy, and its story is well known among scholars in these fields. The movement itself requires little further investigation.<sup>10</sup> However, because of the movement’s place in a variety of historical debates over healing, psychotherapy, medical treatment, theology, and liberal religion, scholars have overlooked key issues in these debates by focusing only on aspects of the movement related to their narrow historiographical agendas. By reexamining the ideas of the movement, I argue that the Emmanuel Movement requires

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<sup>8</sup> Elwood Worcester et al, *Religion and Medicine* (New York: Moffat, Yard & Co, 1908), 12.

<sup>9</sup> Ibid 2.

<sup>10</sup> Worcester admitted to destroying his patient records. Thus scholars of the movement are limited to published materials written by Worcester and McComb and articles published about the movement.

scholars to include lesser-known intellectual influences in the history of early American psychology, especially psychology of religion, to consider an additional branch of liberal Protestantism, inspired by William James and the healing subconscious, and to acknowledge that the Emmanuel Movement uniquely united cultural and social concerns of the era—even succeeding temporarily in garnering the support of physicians.

The movement appears primarily in two separate historiographical tracks: American histories of medicine and religio-psychological histories. Within the history of medicine, the movement represents either a precursor to the public's embrace of psychotherapy in general and Freudian psychoanalysis in particular, or as the source of public pressure that forced the medical establishment to come to terms with their patients' desire for psychological healing.<sup>11</sup> However, histories of medicine have focused too much on the movement's progression to Freud and medicine's embrace of

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<sup>11</sup> Nathan Hale contends that while the Emmanuel Movement played some role in preparing the public to accept psychotherapy, it was the arrival of Freud and psychoanalysis in the United States in 1909 that finally ushered physicians into the business of psychotherapy and put an end to materialism. See Nathan G. Hale, Jr., *Freud and the Americans: The Beginnings of Psychoanalysis in the United States, 1876-1917* (New York: Oxford University Press, 1971), 226ff. By contrast, Eric Caplan argues that it was the Emmanuel Movement that forced doctors to let go of their strictly materialist views and to take up psychotherapy in order to protect the professional dominion. Thus, physicians were already considering psychotherapy when Freud gave his Clark University lectures. See Eric Caplan, *Mind Games: American Culture and the Birth of Psychotherapy* (Berkeley: University of California Press, 1998), 8-10. Sanford Gifford takes a position in between Hale and Caplan, suggesting that psychoanalysis had only been initially accepted in the United States as another type of "suggestive therapy." The Emmanuel Movement plays a role within this story as a "precursor of the group-psychotherapy movement" and an early instance of the "battle over lay-psychotherapy." See Sanford Gifford, *The Emmanuel Movement (Boston, 1904-1929): The Origins of Group Treatment and the Assault on Lay Therapy* (Boston: Harvard University Press, 1997), 4-8.

psychotherapy, failing to observe the unusual fact of cooperation between physicians and ministers.

With respect to religion and psychology, the movement has a presence in myriad historical narratives. Within studies of “religious experience,” the movement stands out as an attempt to unify religion and science—a mediating tradition within the history of Protestantism, especially liberal Protestantism.<sup>12</sup> Historians also cite the movement as an example of Protestantism’s renewed interest in spiritual power and miracles during the late nineteenth and early twentieth centuries,<sup>13</sup> and as a step in the history of pastoral counseling.<sup>14</sup> However, in attempting to classify the Emmanuel Movement’s similarities

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<sup>12</sup> Ann Taves identifies the Emmanuel Movement as a mediator between naturalistic and theological explanations of “involuntary experiences” by combining Protestant Christianity and the psychology of the subconscious in his therapeutic practice. Naturalistic explanations are not necessarily identical to scientific explanations, but the naturalistic explanations analyzed by Taves often come from scientific or quasi-scientific theories about the mind, particularly by the time of the Emmanuel Movement. See Ann Taves, *Fits, Trances, and Visions: Experiencing Religion and Explaining Experience from Wesley to James* (Princeton, New Jersey, 1999), 3-4, 314-325. Christopher G. White argues that Worcester, among other liberal Protestants, drew upon “scientific psychologies to help them formulate new ideas about the self and new practices concerning spiritual growth” in order to find “religious assurance” after having left the more traditional Protestantism of their parents. See Christopher G. White, *Unsettled Minds: Psychology and the American Search for Spiritual Assurance, 1830-1940* (Berkeley: University of California Press, 2009), 1, 193. Eric Lyons Thomas argues that the Worcester’s healing practices represent a combination of religion and science on the level of practice, as Worcester employed psychotherapeutic techniques in pursuit of religious and physical renewal. See Eric Lyons Thomas, “Elwood Worcester and the Emmanuel Therapy: Scientific Psychology, Modern Christianity, and the Problem of Religious Healing” Ph.D. diss., (Princeton University, 2006).

<sup>13</sup> Robert Mullin argues that Worcester’s engagement with healing miracles was intended to defend Christ’s healing power in the gospels and thereby protect the gospels. See Robert Bruce Mullin, *Miracles and the Modern Religious Imagination* (New Haven: Yale University Press, 1996), 193-198.

<sup>14</sup> Raymond Cunningham argues that the Emmanuel Movement was the precursor to Protestant involvement in psychotherapy. See Cunningham 113-189. E. Brooks Holifield

to other liberal Protestants and Protestant psychologies of religion, scholars have not seen that it represents a different, Jamesian form of liberal Protestantism. Only by juxtaposing the many analyses of the movement, can we see partially hidden but significant parts of the story.

Such a comprehensive grappling with the Emmanuel Movement invites us to reconsider several aspects of intellectual and cultural history at the turn of the century. First, several of Worcester's central intellectual influences suggest that a broader range of intellectual influences existed for American readers of psychology at the turn of the century than most scholars have discussed. I explain how Worcester's self-presentation might have led scholars to overlook lesser-known intellectuals, and I highlight some of these intellectuals, whose impact in the United States remains to be examined. In this section I also consider how the historiographical division between medical and religio-psychological histories has led scholars to emphasize different intellectual forebears—Freud vs. James—leading to a potential skewing of the historical period.

Second, scholars of the relationship between liberal Protestantism and the history of psychology and religion have obscured differences among liberal Protestants. In this section, I present a close reading of Worcester's ideas that clarifies his position on religious experiences and the importance of the will in his therapeutic practice. Worcester draws attention to the distinction between the religious experiences of conversion and healing and to a combination of action and receptivity in the spiritual growth and healing,

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thinks that the movement represents a shift in pastoral counseling from an emphasis on power to one of receptivity. E. Brooks Holifield, *A History of Pastoral Care in America: From Salvation to Self-Realization* (Eugene, Oregon: Wipf & Stock Publishers, 1983), 203-209.

implying continuity in the practice of the cultivation of the will in liberal Protestantism at the turn of the century. In addition, scholars have not considered the importance of Worcester's Episcopalian training in shaping his therapy, and his view of the subconscious more closely mirrors William James' than other liberal Protestants. This suggests that divisions among liberal Protestants require further explanation.

Third, with an eye toward explaining the movement's downfall, scholars have looked at the Emmanuel Movement mostly in isolation, failing to recognize that it reflects the concerns and oddities of the cultural moment itself. By looking at other articles in the periodicals that covered the Emmanuel Movement, I show that the movement uniquely brought together public concerns about faith healing, new psychological ideas about the subconscious, remaining concern for the safety of Christianity in American society, and biblical criticism. I also argue that the movement provided a brief window of time when it was possible for a mainline Protestant church to sponsor a faith healing movement based on the psychology of the subconscious and to collaborate with physicians.

Finally I conclude by considering the wider significance of these reflections on the Emmanuel Movement for future scholarship of turn-of-the-century religious and cultural history. First, Worcester's broad intellectual pedigree indicate that while scholars, like Ann Taves, have begun to look into cross-Atlantic connections, we have much more to discover about these connections and more figures to include in the story. Second, Worcester's cooperation with physicians foreshadows medicine's engagement with mindfulness practices in the late twentieth century—a story that requires further

elaboration. Ultimately, Worcester's activities after the decline of the Emmanuel Movement underscore the possibility of an unexplored Jamesian tradition of the healing subconscious in liberal Protestantism.

## **Intellectual Influences**

In assessing the intellectual influences on the Emmanuel Movement, scholars emphasize mostly major American and European intellectuals, in particular James, Fechner, and the French psychologists, especially Janet. To a lesser extent, they also mention other intellectual figures, like Schopenhauer, Eduard von Hartmann, Frederic Myers, and Joseph Jastrow, and one scholar, Eric Lyons Thomas, claims that Wilhelm Wundt's ideas were significant for Worcester.<sup>15</sup> According to historians, then, Worcester was primarily engaged with recognized, major intellectual figures.

At first glance, scholarly emphasis on certain major figures is not surprising, given Worcester's personal account of his intellectual development. In his autobiography, *Life's Adventure: The Story of a Varied Career*, Worcester emphasized the German period of his education at Leipzig University. Worcester's most important idea in founding the movement—the unity of religion and science—came to him during his education at there. “The great German thinkers” transformed Worcester's approach to “science” as a methodology, which meant to him that “there may be a science of the immaterial and spiritual as well as of the physical and material.” Worcester had nothing but praise for the German university system with its emphasis on academic “freedom and simplicity.” He admired the fact that professors were allowed to teach whatever they saw

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<sup>15</sup> See Holifield 185ff; Taves 316ff; Thomas 41-60, 95ff; and White 159ff.

fit, and that students had the freedom to attend classes as they wished. From most of his professors, he recalled only their approach to “philosophy, psychology, philology, history and the Bible,” saying “their conclusions often affected [him] little.” However, two of his professors left indelible marks on his way of thinking, and they have figured into present scholarly discussion of the Emmanuel Movement: Gustav Fechner and Wilhelm Wundt.<sup>16</sup>

Worcester most wanted to attend Leipzig in order to study with Wundt, a prominent figure in the young field of “physiological psychology.” Wundt was especially known for his empirical approach to the study of the mind. He was not a strict materialist, but instead he believed that the mind and the body independently operated in psychophysical parallelism.<sup>17</sup> Though some scholars argue for Wundt’s limited affect on Worcester’s thinking, Thomas argues that Worcester appreciated this view, because he strongly opposed the reduction of the mind solely to brain function of the brain (materialism). Worcester’s belief in the independence of the mind proved central to his formulation of his Emmanuel therapy.<sup>18</sup>

Despite the importance of Wundt’s thinking and approach to him, Worcester’s most beloved mentor at Leipzig was Gustav Theodor Fechner. Recognized as a

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<sup>16</sup> Worcester, *Life’s Adventure*, 84-88.

<sup>17</sup> Thomas 22.

<sup>18</sup> Eric Thomas insists that Worcester adopted Wundt’s psychophysical parallelism, maintaining that Worcester did not ascribe strong causal connections between mind and body, only parallel changes. However, it is my view that Thomas has over-interpreted Worcester’s simple assertion to believe in the power of mind over body. This is not to say that Worcester believed solely in mind over body, but he rather expressed their relationship in reciprocal terms. Worcester claimed, “we believe in the power of the mind over the body, and we believe also in the medicine, in good habits, and in a wholesome, well-regulated life.” See *Religion and Medicine*, 2.

significant influence on Worcester by all historical accounts, Fechner had been Wundt's mentor during his university studies, and he was the first German scholar to attempt to study the relationship of the mind and body empirically through experiments with vision.<sup>19</sup> For a long period of time, Fechner was a proclaimed atheist. However, he eventually found his way back to faith during a period of blindness that "turned his thoughts from earth to heaven." Worcester connected with Fechner's somewhat pantheistic, naturalistic faith.<sup>20</sup> He also credited Fechner with being an unacknowledged father of pragmatism.<sup>21</sup> He emphatically believed that people in the modern age would do well to heed Fechner as "chief deliverer" from "materialism."<sup>22</sup>

In addition to these German influences, Worcester also claimed the inspiration of various French thinkers, several of whom have been recognized in current scholarly analysis of the movement. During his time as a minister at Lehigh University, he first became acquainted with "abnormal psychology" through the writings of Charcot, Janet, Bernheim, Bastien, and Kraepelin—major players in early French psychology. He began to think more seriously about understanding "human nature...through the knowledge of psycho-pathology," and he began to believe more firmly in the genuine existence of the soul, which, he thought had its own diseases, just like the body.<sup>23</sup> He also asserted some

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<sup>19</sup> Thomas 29 and George Makari *Revolution in Mind: The Creation of Psychoanalysis* (New York: HarperCollins, 2008), 63-67.

<sup>20</sup> Worcester, *Life's Adventure*, 91.

<sup>21</sup> Worcester once noticed the similarities between William James' *Pragmatism* and Fechner's *The Three Motives and Grounds of Faith*. Allegedly, when Worcester brought the similarities to James' attention, James acknowledged the similarities, supposing that he might have read Fechner's book and forgotten about it. See *Life's Adventure*, 92-93.

<sup>22</sup> Ibid 92.

<sup>23</sup> Ibid 136.



acquaintance with William James, with whom he corresponded about Fechner's work.<sup>24</sup>

Thus, Worcester acknowledged all of the important names that scholars now emphasize.

However, a closer look at Worcester's writing indicates that other intellectual figures shaped his with European psychology. Despite Worcester's emphasis in his autobiography on major intellectual figures, throughout *Religion and Medicine*, he cites James, Fechner, and the major French psychologists much less frequently than might be anticipated. *Religion and Medicine* was Worcester's attempt to present the "facts" of his case in order to persuade people to change their minds about his movement. He presented the scientific ideas behind Emmanuel therapy, including the subconscious, the technique of suggestion and autosuggestion, and the latest in neurological science, citing several lesser-known influences along the way.

In his discussion of the subconscious mind, Worcester cited Alfred Taylor Schofield's *Force of Mind and Unconscious Therapeutics*.<sup>25</sup> Schofield wrote *Force of Mind* in 1902 in response to a query from the *British Medical Journal* about the way that the unconscious mind worked in healing. He presented a view similar to the one adopted by Worcester—that there are many diseases that have material causes. Unlike Worcester, however, he did not consider whether God played a role in the healing process.<sup>26</sup> With respect to suggestion, Worcester referred consistently to the works of Auguste Forel's

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<sup>24</sup> See above note 21.

<sup>25</sup> Worcester, *Religion and Medicine*, 18ff.

<sup>26</sup> Alfred Taylor Schofield, *The Force of Mind, or the Mental Factor in Medicine* (New York: Funk and Wagnalls Company, 1902), ix-xii.

*Hypnotism and Psychotherapy*, Alfred Moll's *Hypnotism*, John Milne Bramwell's *Hypnotism*, and the works of Joseph Remi Leopold Delboeuf.<sup>27</sup>

Some of these thinkers were associated with the Nancy school, and they had played a role in debunking Charcot's stages of hypnotism. Delboeuf put forward an important critical study of Charcot's students, Alfred Binet and Charles Fere. In observing Binet and Fere's work, Delboeuf realized that the two were providing subtle behavioral cues to their patients. When Delboeuf put his patients under hypnosis without making the same verbal cues, none of Charcot's stages of hypnotism emerged.<sup>28</sup> Bramwell studied hypnotic anesthesia, and he associated with a variety of people in Britain and on the continent who studied hypnotism and the subconscious.<sup>29</sup> Forel, a Swiss physician, was one of many to write up an explanation of the workings of hypnotism. He later helped another Swiss psychologist, Alfred Moll, to write *Hypnotism*.<sup>30</sup> Moll also provided a historical and theoretical overview of hypnotism, and he received received critical evaluation of his work from Forel.<sup>31</sup> He also published *Christian Science, Medicine and Occultism* in which he explained the origins of Christian

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<sup>27</sup> Worcester, *Religion and Medicine*, 33ff. William James also knew Delboeuf through his travels in Belgium. See Robert Richardson, *William James: In the Maelstrom of Modernity* (Boston: Houghton Mifflin Company, 2006), 226-7.

<sup>28</sup> Thomas 101.

<sup>29</sup> John Milne Bramwell, *Hypnotism: Its History, Theory, and Practice*, 2<sup>nd</sup> ed. (London: De La More Press, 1906), 37-39.

<sup>30</sup> August Forel, *Hypnotism, or Suggestion and Psychotherapy: A Study of the Psychological, Psycho-Physiological, and Therapeutic Aspects of Hypnotism*, 5<sup>th</sup> ed. (New York: Rebman Company, 1907).

<sup>31</sup> Albert Moll, *Hypnotism*, 4<sup>th</sup> ed. (London: Charles Scribner's Sons, 1897), ix.

Science to European readers. He made sure to inform his readers that Christian Science was not reflective of the quality of American science.<sup>32</sup>

The influence of these less famous members of the Nancy School and British scholars of the subconscious in the United States has been little explored. Of all of the scholars of the Emmanuel Movement, only Thomas mentions the ideas of Bramwell, Forel, Moll, and Delboeuf. However, he primarily considers them in the context of the Nancy School's discrediting Charcot's hypnosis, or in passing as they come up in his discussion of Worcester's ideas in *Religion and Medicine*.<sup>33</sup> A deeper discussion of these lesser might have prevented Thomas from trying awkwardly to fit Worcester's understanding of the mind-body relationship into a Wundtian paradigm.<sup>34</sup> In addition, Thomas focuses solely on Worcester's intellectual project and gives no indication as to whether these figures had a larger presence in American thought within or outside of universities. Though Worcester probably had greater interest in these works than the average American, his references indicate that a greater number of European thinkers may have played a role in the development of American psychology and psychotherapy than scholars have previously recognized.

The historiography of the Emmanuel Movement suggests furthermore a curious division between medical and religio-psychological studies of psychotherapy's nature and origin. Medical histories that address the movement acknowledge Freud as the central intellectual figure in the history of psychotherapy. For example, Eric Caplan and

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<sup>32</sup> Moll, *Christian Science, Medicine and Occultism* (London: Rebman Limited, 1902).

<sup>33</sup> Thomas 118ff.

<sup>34</sup> See note 18 above.

Nathan Hale both consider the Emmanuel Movement's role in preparing American society and medicine for Freudian psychoanalysis. Religio-psychological histories, by contrast, emphasize James. Ann Taves, for instance, argues that James was an important figure in the mediating tradition that combined religious and naturalistic explanations of religious experience in which the Emmanuel Movement followed.<sup>35</sup>

Some of the difference in emphasis between histories of medicine and histories of psychology and religion can be accounted for by chronology. Several of the religio-psychological books on the Emmanuel Movement stop just prior to Freud, whereas Freud is the goal of the histories of medicine. Additionally, it makes sense that religious histories address James, a figure who had a more favorable view of religion and who inspired certain kinds of religious therapies. However, in a later work, Worcester turned to Freudian ideas of the unconscious. Though he claimed to see no real distinction between the unconscious and the subconscious, the fact that he needed to address Freud at all suggests that there remains an untold story of the way that Freudian ideas might have come to supplant, or at the very least to challenge, Jamesian ideas in the religious community.<sup>36</sup>

Additionally, even if the medical community embraced Freud more readily than James, the two men greatly influenced the history of American psychotherapy, and as Worcester's work indicates, one was not always addressed to the exclusion of the

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<sup>35</sup> Taves 316.

<sup>36</sup> Worcester began to use the term "unconscious" in his later work. However, he never fully adopted the Freudian view, arguing that the unconscious and the subconscious were basically the same. See Elwood Worcester and Samuel McComb, *Body, Mind and Spirit* (Boston: Marshall Jones Company, 1931).

other. Further examination of their mutual influence in medical history as well as religious history is warranted, because it will enable scholars to think more carefully and broadly about the relationship of the subconscious and the unconscious in American thought. It will also clarify the extent to which Freud can properly be relegated to medical influence alone and James to religious.

## **Liberal Protestantism**

Much in the way that scholars struggle to situate Worcester among his many intellectual influences, they also have trouble locating him precisely in liberal Protestantism. Within the religio-psychological histories, scholars always classify the Emmanuel Movement as a representative of liberal Protestantism with respect to historiographical debates about religious experience in Christianity and about the shift from action to receptivity in Christian moral life in the late nineteenth century. The movement serves as a challenge to typical historiographical categorization of both of these issues, because Worcester did not always agree with other liberal Protestants engaged with the subconscious who emphasized rational conversion, nor did his adoption of 'receptive' therapeutic techniques lead him to abandon the goal to shape the will that is associated with active, muscular Christianity. I will consider his emphasis on healing views of religious experiences and on activity and receptivity in turn. Finally, I argue that in classifying Worcester's liberal Christian views, scholars have not paid enough attention to the role of his Episcopalianism, nor to his place in a Jamesian tradition of liberal Protestantism in the development of his unique belief in subconscious healing.

## **Conversion vs. Healing**

A closer look at historians' analysis of the Emmanuel Movement reveals confusion in the historiography between kinds of religious experiences. In *Miracles and the Modern Religious Imagination*, Robert Mullin argues that Worcester's engagement with healing miracles was intended to defend Christ's healing power in the gospels and thereby protect the gospels.<sup>37</sup> Taves affirms Mullins' basic thesis, but she highlights Worcester's explanation of individual psychological healing as a search for the power of the Holy Spirit. Christopher G. White cites Worcester as an example of the way that liberals used the connection of the body to the mind through the healing process to create spiritual assurance.<sup>38</sup> All three scholars note the way that religious experience was central to Worcester's understanding of Christianity. However, they have not distinguished Worcester's particular brand of religious experience from others described by other liberal Protestants. The difference centers on Worcester's view of the subconscious.

Worcester explained that on the most basic level, subconscious processes occurred naturally, like the processes that keep the body running or an ingrained habit. Worcester believed the subconscious to be the source of creative inspiration. The subconscious was implicated in instances in which the body seemed to heal itself without any assistance from a physician. More importantly, he argued that the subconscious also inspired people to make irrational choices when it came to falling in love.<sup>39</sup> The subconscious carried a lot of interpretive weight in Worcester's understanding of the mind, especially when it came to his discussion of the subconscious and religion.

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<sup>37</sup> Mullin 193-198.

<sup>38</sup> Taves 318 and White 187-188, 193.

<sup>39</sup> Worcester, *Religion and Medicine*, 16-17, 18-19, 24, 28, 33, 34-36.

Worcester argued for a special relationship between religion and the subconscious. He explained that the most important part of religion was not the rational, theological element, but rather “the non-rational element,” which includes “faith, awe, reverence, fear, love, ecstasy, [and] rapture.”<sup>40</sup> Though reason may have at times attempted to “invade” one of these essential parts of religion, the non-rational element of religion always resurfaced. He claimed that the back and forth between rational and non-rational elements of religion “constitutes the struggle of religion and science which at bottom is the necessary reconciliation of the needs of the conscious mind with those of the subconscious.” In drawing a parallel between the tug-of-war between religion and science and the subconscious and conscious mind, Worcester implied that religion is connected to the subconscious mind. In fact, he claims that the subconscious mind is part of the spiritual nature!<sup>41</sup>

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<sup>40</sup> Ibid 38-9. Worcester equated the subconscious with “love” primarily through his reading of Schopenhauer. However, it is possible that he emphasized these “non-rational” qualities of religion in part due to his engagement with Friedrich Schleiermacher. He indicated familiarity with Schleiermacher when he compared his project to combine religion and science with Schleiermacher’s attempt to accommodate the “cultured despisers” of his era. See *Religion and Medicine*, 385. Thus, Worcester might fit into a longer historical trend of thinkers who emphasize religion’s irrational and emotional qualities, like Schleiermacher or Rudolph Otto. Worcester, however, never discusses Schleiermacher’s understanding of religion at length, and he also displays certain aspects of what Catharine Albanese has called “metaphysical religion.” Metaphysical religion emphasizes the power of the mind, rather than the heart, and it sees a correspondence between the spiritual world and the physical world that can be manipulated for healing. See Catherine L. Albanese, *A Republic of Mind and Spirit: A Cultural History of American Metaphysical Religion* (New Haven and London: Yale University Press, 2007). Worcester exhibits aspects of both the non-rational, emotional and the metaphysical kinds of religion, making his place in Protestantism that much more unusual.

<sup>41</sup> Ibid 42.

Worcester clearly agreed with thinkers like William James and Frederic Myers, who did not consider dissociation to be pathological, but who identified the subconscious as the likely site of religious experience and conversion (James) or located creativity in the subconscious mind (Myers). However, Worcester went much farther than James in *Varieties of Religious Experience*, where James stipulated that

...the *more* with which in religious experience we feel ourselves connected is on its hither side the subconscious continuation of our conscious life...At the same time the theologian's contention that the religious man is moved by an external power is vindicated, for it is one of the peculiarities of invasions from the subconscious region to take on objective appearances, and to suggest to the Subject an external control.<sup>42</sup>

James only indicated that people perceive the entrance of a divine force, it cannot be proven. Worcester, by contrast, put forth a definite argument that it *was* the Holy Spirit working in the subconscious that enabled healing and growth of character—that religious experiences really did come from outside the individual. Worcester's clearly defined religious commitment allowed him to say more with his scientific understanding than James felt able to do.

Worcester further contended that attempts to cut off religion from the subconscious would be bad, but would ultimately fail, because religion is at heart not rational. Religion, rather, lay “in the obscure recognition of the Infinite Spirit by the finite spirit, in a sense of dependence, of guilt, of love, and filial trust, in all those deep emotions which refuse to be translated into words, but which act as the most powerful

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<sup>42</sup> William James, *The Varieties of Religious Experience* (New York: Penguin Books, 1982), 512-513.



motives of life.” For Worcester, religion was not rational, and it was specially connected to the subconscious mind.<sup>43</sup>

Worcester’s belief in the value of religion’s irrationality distinguishes him from the other liberal Protestants to whom scholars often compare him. White notes that some liberal Protestants used the subconscious to debunk the religious experiences of the Spiritualists or to explain crowd behavior. For these Protestants, the subconscious was not a source of spiritual strength, but weakness or primitiveness.<sup>44</sup> Taves and Holifield also note that certain liberal religious thinkers, like Edwin Starbuck and George A. Coe, argued that religion ought to come from the rational conscious mind, and they viewed the subconscious as primitive.<sup>45</sup> Though Worcester considered the subconscious to be irrational, somewhat like these thinkers, he valued the irrationality, considering it essential to religious belief. In addition, Worcester thought of the religious experiences that occurred in his movement within a different frame of reference than psychologists of religion like Coe and Starbuck.

For Worcester, the subconscious was a source of spiritual power and healing, which he understood within the context of modern-day miracles. In his chapter on the healing power of Christ, Worcester explained that there were four kinds of miracles: “1. Ordinary acts of healing, 2. The expulsion of demons, 3. The raising of the dead, and 4. The so-called nature miracles.”<sup>46</sup> He analyzed Jesus’ healing of the paralytic in Mark 2: 1-12 in terms of the subconscious, and he concluded that the “medical fact” of the healing

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<sup>43</sup> Ibid 38-39.

<sup>44</sup> White 165ff.

<sup>45</sup> For more on Starbuck and Coe see, for example, Taves 291-305.

<sup>46</sup> Worcester, *Religion and Medicine*, 340-1.

power of suggestion, which “is itself a mystery,” served as “an analogy that may well render credible the extraordinary and in some respects unparalleled cures in the ministry of Christ.”<sup>47</sup> It was Christ’s ability to *heal* that interested Worcester, and he drew parallels between many turn-of-the-century psychological ailments and Jesus’ healing miracles in the New Testament.

Demonic possession, Worcester explained, was similar to “nervous or mental disease,” labeling various cases of possession as instances of epilepsy (Mark 17: 15), hysteria (Luke 4: 35), Mania (the demoniac of Gerasa), and hysterical neurosis (Matthew 9: 32 and 12: 22). With this in mind, they addressed people who doubted the possibility of modern miracles by explaining that it was the right of the church. Worcester thought that church should have been able to “out do the wonders of the Apostolic and post-Apostolic age” by combining its knowledge of “modern science, and more especially of modern psychological science, inspired with the enthusiasm of humanity which is the grand legacy bequeathed her by the Founder of [their] faith.”<sup>48</sup> Science enriches faith so much that they expect to best the healing abilities of the primitive church.

It is notable that Worcester never requested that the attendees of his faith healing classes join his church. While he thought that faith would benefit patients, he thought that it was not necessary for the therapist and patient to share the same faith.<sup>49</sup> In fact, he

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<sup>47</sup> Ibid 357.

<sup>48</sup> Ibid 368.

<sup>49</sup> Ibid 58. Of course, Worcester nevertheless claimed that Christianity was the best possible faith to guide healing. He argued that Christianity presented a strongly therapeutic picture of God: “The thought of a loving God within us, above us and about us, Who desires our peace, our happiness and salvation, and Who has greater and better

never mentioned conversion in *Religion and Medicine* as goal of his therapy. The emphasis was always on healing—physical, emotional and spiritual. This points to another distinction between Worcester and the psychologists of religion or some liberal Protestant theologians.

Starbuck in particular emphasized the importance of *conversion* when it came to religious experience. As White explains, Starbuck compiled a study of conversion types. He noted a marked difference in education levels between people who had immediate conversion experiences and those who had gradual conversion experiences. He advised Protestants to encourage young men and women to develop gradually, with the conversion experience as a rational aspect of that process.<sup>50</sup> Though scholars are correct in comparing Worcester to other Protestants with a general interest in the subconscious, they should take note that Worcester and other the liberal Protestants are talking about different kinds of experiences—healing and conversion. Exploring the difference between conversion and healing, from a theoretical standpoint, suggests another way to classify religious experience, especially within Christianity. Scholars must be more precise in their grouping of liberal Protestants based on their interests in psychology or religious experiences. It may be possible tease out various schools of thought within the early psychology of religion with respect to a theologian's understanding of the subconscious and the kind of religious experience he promoted.

### **Action vs. Receptivity**

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means than ours to remove our anguish which He incessantly employs, is a consolation great than our greatest need” (59).

<sup>50</sup> White 151-156.

For scholars, the Emmanuel Movement also serves as an important example in discussions of liberal Protestantism's turn away from a language of active cultivation of the will in the decades following the Civil War, and scholars again struggle to locate the movement's position on the continuum of activity vs. receptivity. White describes liberal Protestants' attempt to gain spiritual power after the Civil War as they engaged in physical fitness routines. They hoped that physical fitness and discipline could change moral character by harnessing the power of the will to form good habits.<sup>51</sup> Holifield also attests to this trend explaining that many pastors were encouraged to help their parishioners focus their attention in order to strengthen the will. In either case, physicality and an active, conscious will enabled Christians to develop spiritually.<sup>52</sup>

Both Holifield and White argue that Worcester's thinking marked a difference from this approach to moral reform, because, Holifield argues, Worcester adopted a Jamesian idea of "receptivity." This meant that sometimes a person must wait for the Holy Spirit to act in them, rather than actively cultivate his will.<sup>53</sup> However, both Mullin and Taves note Worcester's emphasis on employing the healing power of the Holy Spirit, and White also notes that Worcester believed in the power of the mind over matter.<sup>54</sup> Thus, while Worcester's methodology sometimes represents a receptive stance, it also sometimes represents a deliberate act to harness the power of the Spirit—both passive and active. Worcester's language suggests that the shift from receptivity and activity can't be so clearly delineated.

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<sup>51</sup> Ibid 11, 104ff.

<sup>52</sup> Holifield 159-188.

<sup>53</sup> Ibid 189, 202-205 and White 186

<sup>54</sup> Mullin 196-7; Taves 318; and White 187.

When Worcester described the treatment process, he made it clear from the beginning that his use of suggestion was not “morbid or uncanny.” Suggestion required dissociation—“the concentration of the mind on some things to the exclusion of others”—a normal mental process. Worcester argued that the patient’s belief in the physician and in the process were essential to its success. With that in mind, each patient had to be treated individually, because:

In the majority of cases, before the patient can be restored to health it is necessary to eradicate powerful habits, to supply new motives, to supplant the most intense egotism by new and real interest in others, to hew out new paths in the brain, sometimes to create or recreate a will.

The patient needed to be invested in the process, and the physician had to realize that the patient’s individual treatment would be unique, requiring an involved process of character building.<sup>55</sup> He indicated that he was interested in reshaping “habits” and the “will” as a part of the process—important features of “muscular Christianity”—but, the process of doing so was more passive.

Treatment for ‘ordinary neuroses’ constituted a relaxation process. The typical therapeutic encounter “last[ed] from fifteen minutes to an hour” depending on individual “difficulties.” The encounter began with the patient lying down on a couch, and Worcester rubbed the patient’s temples to help him to relax. Once the patient was relaxed, he made suggestions about how to change and asked the patient to repeat them. He said that it was important “to make the suggestions as positively and simply as possible” and “to repeat them more than once.” The general principle was that by hearing

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<sup>55</sup> Worcester, *Religion and Medicine*, 44, 49-50, 64, 55, 66.

a given suggestion enough “the mind will accept it and act on it.”<sup>56</sup> However, the suggestion process required this relaxed state of mind to allow for the working of the Holy Spirit.

Worcester thought that God’s spirit entered the patient in the treatment state. When treatment was successful, he explained, “either the older temptation has died within him, or a new spiritual energy has entered into him which lifts him above its power.”<sup>57</sup> Thus it was not merely ‘volition’ that changed the patient, but the power of God. Through suggestions made to a receptive and relaxed mind, God’s power was able to work. This understanding of the therapeutic process was similar to Worcester’s understanding of prayer.

Worcester argued that in the highest form of religion, prayer was a kind of “communion” with God in which the believer realizes that all things in the universe are an expression of “the Divine Will.”<sup>58</sup> Instead of fearing to pray to God, or doubting his response, he asked, “what if there should be a law of prayer amid the mysteries of the universe?” He argued that similar to “faith, hope, or suggestion,” prayer also affected the nervous system by “open[ing] the inner consciousness to the absorption of spiritual energy...”<sup>59</sup> Prayer could be either passive or active. Active prayer involved praying for self and other, which could prompt the will of God.<sup>60</sup> Passive prayer, or meditation,

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<sup>56</sup> Ibid 66, 64.

<sup>57</sup> Ibid 67.

<sup>58</sup> Ibid 304, 306.

<sup>59</sup> Ibid, 307, 309-310.

<sup>60</sup> Ibid 316-317.

required “such a posture that [the body was] perfectly relaxed and so not able to distract or vex the mind.” Then, “the soul [was] absorbed in the thought of God.”<sup>61</sup>

Worcester’s view of the results of prayer connects him to the historiographical debates about activity and receptivity. Prayer promoted a strengthening of the *will*: “... the duty of the man who feels inert and incapable of rising to the level of belief is to arouse himself, to appeal to his will, to say to himself again and again until it has become, as it were, his subconscious possession, ‘Trust in God is rational and right, and therefore trust I will.’”<sup>62</sup> Prayer worked by appealing to the subconscious, which strengthened the will, through the power of suggestion.

Although Worcester emphasized receptivity to the power of God and the Holy Spirit through suggestion and prayer, he still believed that these efforts would result in a strengthening of the will. In addition, though suggestion or prayer could be a passive process, it still required effort on the part of the believer to cultivate the appropriate frame of mind, to believe in the process, to make the suggestions, or to offer up the prayer. Rather than the strong shift between active and passive therapies that Holifield suggests, it seems then, that clergymen, like Worcester, were simply looking for new and different ways of shaping the will and harnessing spiritual power. This suggests continuity in the liberal Protestantism tradition from Reconstruction into the early twentieth century, since those liberals emphasized the importance of the will.

### **James, Worcester and Episcopalianism**

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<sup>61</sup> Ibid 318.

<sup>62</sup> Ibid 318-319.

Along with his views of healing and receptivity, neither Worcester's Episcopal background has been fully addressed nor his relation to liberal Protestantism. First, the role of Worcester's Episcopal training for his practiced therapy has not been considered in depth. The Episcopal Church in the late-nineteenth and early-twentieth centuries demonstrated intellectual openness and a willingness to update their theology. The Church also sought to encompass both Protestants and Catholics by presenting a very limited set of key doctrines that emphasized the Eucharist and baptism, the authority of the Old and New Testaments, the governance of the episcopate, and the adoption of only the Apostles' and the Nicene Creeds. By emphasizing only essential, general doctrines, the church saw itself as promoting an ecumenical and inclusive spirit among Christians. Finally, the church promoted an ethos of social involvement: the church had a responsibility to improve and care for the community's physical needs.<sup>63</sup> Worcester's experience within the Episcopal Church certainly demonstrated these characteristics.

Gary Dorrien argues that among liberal theologians of the nineteenth century, Episcopalian ministers offered nothing in the way of theological innovation.<sup>64</sup> In fact, Episcopalians are generally known for having rather lax theological commitments, especially as compared to other 'mainline' Protestant denominations.<sup>65</sup> Thomas argues that Worcester's primary contribution in creating the Emmanuel Movement was in the

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<sup>63</sup> David Hein and Gardiner H. Shattuck, Jr. *The Episcopalians* (Westport, CN: Praeger, 2004), 86-110.

<sup>64</sup> Gary Dorrien, *The Making of American Liberal Theology: Imagining Progressive Religion, 1805-1900* (Louisville, KY: Westminster John Knox Press, 2001), 398.

<sup>65</sup> Hein ix.



realm of practice not theology, a combination of religion and science aimed at healing.<sup>66</sup> It may be that Worcester's association with the Episcopal Church enabled this creativity, because it allowed him room to experiment without the need for lengthy theological justification.

His biography certainly seems to confirm this notion. The openness of his various congregations to the ideas and activities that led to the movement were no doubt important for Worcester. Throughout his autobiography, Worcester frequently reflected on the importance of the intellectual curiosity of his congregations as a source of inspiration for his continued study of biblical criticism and other topics of interest. His Philadelphia congregation especially encouraged him to offer a series of lectures on other world religious traditions.<sup>67</sup> The work he did for those lectures contributed to the ecumenical stance of the Emmanuel Movement. His Boston congregation was less interested in the intellectual issues that engaged his previous congregation. However, they supported his efforts at social reform, which led ultimately to the classes on mental health that spurred on the movement.<sup>68</sup> Without the support of his congregations Worcester might not have been able to create the Emmanuel Movement.

When Worcester indicated to the Bishop of his region that he wanted to study in Germany, the Bishop accepted this idea, and encouraged Worcester to pursue his

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<sup>66</sup> Thomas not only argues that Worcester combined religion and science and the level of practice, but that this was something in the Anglican tradition, following the example of John Wesley. See Thomas 320-345.

<sup>67</sup> Worcester, *Life's Adventure*, 146.

<sup>68</sup> It was Emmanuel Church's involvement with the tuberculosis class at Massachusetts General Hospital that spawned Worcester's idea for a mental health class. See below page 39.

education there, after completing three years of coursework at the Divinity School. The Bishop offered no strong preference about Worcester's course of study but supported his decision to study with Wundt. This flexibility allowed him to experiment with the ideas that directed his initial thinking about the mind-body relationship and about the relationship of religion and science. Even after the beginning of the movement, the Church demonstrated a basically permissive attitude. Worcester's assistant at the Emmanuel Church, Dr. McComb, presented their therapy and ideas at the international meeting of all of the Episcopal and Anglican Churches, the Lamberth Conference of 1909. Though the church was moderate in its endorsement of such ministries, it nonetheless adopted the report, obliquely supporting Worcester and McComb's work.<sup>69</sup> Both the response of his overseeing Bishop and the Lamberth Conference indicate that, due to its less rigorous theological standards, the Episcopal Church could allow its ministers to try out healing in a way that other Protestant denominations might not have.

Second, with respect to liberal Protestantism, scholars have classified Worcester with other Protestant theologians and psychologists who were willing to employ scientific methods. Thomas relates Worcester to William R. Hutchison's "modernist Protestantism," which features belief in the "unity of humanity," belief in "internal spiritual regeneration," and "adoption of empirical and historical methods" of analysis of the Bible.<sup>70</sup> While these characteristics certainly bring him in the same basic intellectual

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<sup>69</sup> Worcester, *Life's Adventure*, 160-1.

<sup>70</sup> Thomas 203-206 and William R. Hutchison, *The Modernist Impulse in American Protestantism* (Cambridge MA: Harvard University Press, 1976).

tradition of Starbuck and Coe, Worcester diverged from that tradition in his understanding of the role of the subconscious in spiritual life.

As I noted above, Worcester thought that the subconscious was a source of spiritual power and healing—a view he shared with Myers and James. However, even though James was important to the development of American psychology of religion, most liberal Christian thinkers disagreed with James in their assessment of the subconscious. Where James saw the subconscious as the source of powerful conversion experiences for the “sick soul,” liberal Protestants typically assigned it a “primitive,” and therefore negative, identity—a leftover from man’s evolutionary past to be outgrown and avoided. For Coe or Starbuck, physical healing was less important conversion, and they emphasized consciousness more than unconscious or subconscious spiritual processes. The turn-of-century thus marks a period of transition for liberal Protestantism in which an even more rational religious experience came to replace other possible religious experiences as the foundation of liberal Protestant belief. Worcester therefore represents a Jamesian branch of liberal Protestantism’s engagement with psychology that emphasized healing through the subconscious and that would not thrive in mainline denominations until later in the twentieth century.

The Emmanuel Movement had distinct positions on the subconscious, healing, action and receptivity. The importance of Jamesian thinking separated it from other liberal Protestants, and Worcester’s Episcopalianism provided him the freedom that he needed to acquire the knowledge to begin his therapeutic endeavor. All of this indicates that scholars have more work to do in understanding the interrelationships of liberal

Protestants and in understanding their ideas about consciousness, kinds religious experience, and sources of spiritual power.

### **Turn-of-the-Century Culture**

They also have more work to do in understanding the Emmanuel Movement's relationship to broader American culture. The movement typically garnered strong responses from members of both medical and religious communities. Attending to the increasingly negative press about the movement, scholars often emphasize only journal articles about the movement itself, seeking to explain its speedy demise. However, taking the Emmanuel Movement's existence as a given, they have often failed to notice how the movement encapsulates many of the concerns and ideas of the first decade of the twentieth century. It is also remarkable for its short period of cooperation between ministers and physicians. In its presentation of new healing techniques, its use of the language of psychology and biblical criticism, and its appeal to a spiritual crisis, the Emmanuel Movement highlighted a wide array of spiritual and intellectual debates and trends that were published in the same popular journals that covered the movement's brief popularity.

First, the late nineteenth and early twentieth centuries were a period of great interest in new healing methods. As Worcester and McComb allude to in *Religion and Medicine*, the turn of the century was rife with many "new" medical problems. With the discovery of germs, American activists began to spread the word about prevention of

disease through cleanliness, especially to prevent the spread of tuberculosis.<sup>71</sup> As an indication of the prevalence of anxiety about these new germs, McComb hints that fears of “microbes and germs” have replaced fears of demons and witches.<sup>72</sup> Additionally, Worcester and McComb frequently cite George Beard’s *American Nervousness* (1881), which argued for the unique prevalence of nervous conditions among Americans due to the nature of American industrial society.<sup>73</sup> *The Ladies Home Journal* offered a variety of articles related to health during the years it published stories about the Emmanuel Movement (1908-1909). Andrew T. Still, the founder of osteopathy, emphasized the body’s ability to heal itself through adjustments of bodily misalignment.<sup>74</sup> Richard Cole Newton, M.D. wrote about the importance of getting fresh air to combat the flu. Emma E. Walker, M.D. emphasized the importance of home remedies in the treatment of colds over reliance on “patent medicines.”<sup>75</sup> All of these healing strategies offered means of self-treatment or ways to avoid the use of drugs, preferring natural remedies when possible.

Second, especially in light of the (alleged) prevalence of nervous conditions, psychological ideas and psychic phenomena received much attention in the popular press

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<sup>71</sup> For an overview see Nancy Tomes, *Gospel of Germs: Men, Women, and the Microbe in American Life* (Cambridge, MA: Harvard University Press, 1998).

<sup>72</sup> McComb, *Religion and Medicine*, 268.

<sup>73</sup> George Miller Beard, *American Nervousness: Its Causes and Consequences: A Supplement to Nervous Exhaustion (Neurasthenia)* (New York: G.P. Putnam’s Sons, 1881).

<sup>74</sup> Andrew T. Still, “How I came to Originate Osteopathy,” *The Ladies Home Journal* January 1908: 25.

<sup>75</sup> Richard Cole Newton, M.D., “How we can all avoid the ‘Grippe,’” *The Ladies Home Journal* November 1908: 34; Emma E. Walker, M.D., “If you get a Cough or a Cold,” *The Ladies Home Journal* January 1908: 32.

and trickled into popular plays and fiction as well.<sup>76</sup> Annie Payson Call, a frequent contributor to *The Ladies Home Journal* and founder of a New Thought movement, advised women to learn to relax in the midst of busy schedules and addressed the issue of irritable husbands, counseling women not to indulge their husbands' behavior, explaining that "subconscious resistance" to a husband's flaws could lead to illness and/or separation.<sup>77</sup> *Current Literature* reported that several plays had taken on "psychic" themes. In "The Dawn of Tomorrow" by Mrs. Burnett, a man "wrongly accused of murder" and a man "suffering from incipient paresis" were both freed from their troubles through the power of prayer. The lead character of Edgar Allan Woolf and George Sylvester Viereck's play, "The Vampire," "by a curious process, half hypnotic, half telepathic...takes the unuttered thoughts from the minds of others..."<sup>78</sup> Another article presented current analysis that Joan of Arc's "voices" can be interpreted through modern psychology: "The Maid's voices really came from her own heart, or as modern psychologists might say, from her subconscious mind."<sup>79</sup> Both *The Ladies Home Journal*

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<sup>76</sup> Mullin also describes a number of turn-of-the-century plays and other works of popular fiction that contained miracles in some form. See Mullin 208ff.

<sup>77</sup> Annie Payson Call, "'You Have no Idea how I am Rushed,'" *The Ladies Home Journal* October 1908: 24 and "'Why is my Husband so Irritable?'" *The Ladies Home Journal* November 1908: 30. Call was also a friend of William James, who consulted with her for mind cure treatments. See Richardson, 311-312.

<sup>78</sup> Anon, "Psychic Currents in Modern American Drama," *Current Literature* Vol. XLVI, no. 3 (1909): 318-319.

<sup>79</sup> Anon, "Jeanne D'Arc's 'Voices,'" *Current Literature* Vol. XLVI, no. 5 (1909): 529.

and *Current Literature* published articles advising parents to use suggestion on their children—one of them by Worcester.<sup>80</sup>

As further proof of public interest in psychic phenomena, John Corbin also wrote that various people have been experimenting with the possibility of telepathy, including Frederic Myers. He argued that even with the possibility for fraud, telepathy might be possible, because “today no fact of history and few facts of science are more solidly grounded than that the human mind is capable of developing an extraordinary and varied power over matter.”<sup>81</sup> Corbin also presented the arguments in favor of the existence of “double selves,” explaining the difference between the conscious mind and the subconscious mind. He called “religion...[an] important aid” in using “mental science” to promote healing. He followed up the subconscious with an article reviewing Dr. Morton Prince’s book about Sally Beauchamp and her four personalities, *The Dissociation of a Personality*.<sup>82</sup> Along with the other articles published in *The Ladies Home Journal* and *Current Literature*, Corbin’s articles were published in volumes that included articles about the Emmanuel Movement, suggesting the movement itself was part of this curiosity about the subconscious and the potential of the mind to influence matter.

Third, faith healing played a significant part in public conversation, beyond its relationship to the Emmanuel Movement. Worcester, of course, saw a great need to

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<sup>80</sup> Elwood Worcester, “What Suggestion can do for Children,” *The Ladies Home Journal* (October 1908): 7 and Anon., “Making Children Good by Suggestion,” *Current Literature* vol. XLIV, no. 5 (1908): 532-3.

<sup>81</sup> John Corbin, “What we have found out about Telepathy,” *The Ladies Home Journal* September 1908: 11.

<sup>82</sup> Ibid, “What we have really found out about our double selves,” *The Ladies Home Journal* October 1908: 17 and “How one girl lived four lives,” *The Ladies Home Journal* November 1908: 11-12.

separate himself from the teachings of Christian Science and other frankly anti-medical faith healing movements. This is no surprise, given that they often received negative press. Dr. Woods Hutchison reportedly accused faith healing of reverting to “barbarism and backwardness” rather than discovering any new kind of healing. He argued instead that medical treatment of illness has always proven to be more effective than faith healing.<sup>83</sup>

However, faith healing was also viewed in a positive light. Another article explored the faith healing practices of Mrs. Vance Cheney, who learned through concentration on music that she could focus her mind intensely at any time to improve her physical and mental well being. She thought that anyone could learn to heal himself.<sup>84</sup> *Current Literature* also informed its readers that as part of his plan to unify the three major world religions—Christianity, Judaism and Islam—Friedrich Delitzsch, the well-known German theologian, suggested that Christians needed to abandon the idea of Jesus’ divinity. Delitzsch, however, argued that people “shall never outgrow Christ,” hoping that “modern knowledge of faith-healing” suggested that Christ’s healing was not miraculous, thereby uniting religion and science as well.<sup>85</sup> Especially as it related to the

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<sup>83</sup> Anon. “A Physician’s Indictment of Mental Healing,” *Current Literature* Vol. XLVI, no. 3: 322.

<sup>84</sup> Ibid, “The Mysteries of Religious Healing Explained,” *Current Literature* Vol. XLVI, no. 5 (1909): 533-534.

<sup>85</sup> Ibid, “Delitzsch’s Plan for a Unification of the Three Great Monotheistic Religions,” *Current Literature* Vol. XLVI, no. 5 (1909): 527-529.



Bible and the future of the Christian church, Faith healing popped everywhere as an important issue for religious people to consider.<sup>86</sup>

Fourth, in speaking of a Church in crisis, Worcester identified a major topic of concern within Protestant Christianity.<sup>87</sup> A variety of periodicals began publishing stories about declining church membership and attendance, noting “Half a century ago there were 427 Protestant churches in the city [of New York], or one to every 2, 126 persons. Now there are 964 Protestant churches, or one to every 4, 164 persons.” In addition, fewer “young men” were choosing the ministry as a career.<sup>88</sup> Americans also attended to “the theological war in Germany” between freethinkers such as Ernst Haeckel, who wanted to replace religion with ethics thought out by “practical reason” and evolution, and Christian apologists such as Adolf Harnack, who wanted “to prove that genuine science is in complete harmony with the fundamental teachings of Christianity.”<sup>89</sup>

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<sup>86</sup> It bears mentioning that the Azusa Street revivals, often recognized as the beginnings of Pentecostalism in the United States, began the same year as the Emmanuel Movement in 1906. Pentecostals, like Worcester, believed that divine healing could help a person overcome problems like alcoholism, and they too believed they were restoring the power of the original church to heal. However, they went a step further than Worcester by believing, and reportedly experiencing, instances in which broken bones were divinely healed. Worcester would have left such physical ailments to the care of physicians. On Pentecostalism see Grant Wacker, *Heaven Below: Early Pentecostals and American Culture* (Cambridge MA: Harvard University Press, 2001), 6, 65-67.

<sup>87</sup> While many historians date the apex of this crisis to a slightly earlier period, the periodical literature of the early twentieth century indicates that fears of a church in trouble lingered.

<sup>88</sup> Ibid, “Is Christianity in America losing its Grip?” *Current Literature* Vol. XLIV, no. 5 (1908): 520-521.

<sup>89</sup> Ibid, “New Aspects of the Theological War in Germany,” *Current Literature* Vol. XLIV, no. 5 (1908): 524-5.

Christians wondered in general whether the higher criticism had stripped Christianity down to its “ethical ideal” alone.<sup>90</sup>

The United States had also witnessed its own free thought movement during the late nineteenth century, headed by Robert Ingersoll. American free thinkers argued that reason and science could create a human ethical system free from religion that represented the best parts of religion.<sup>91</sup> These ideas had even cropped up in unexpected places like Waco, Texas.<sup>92</sup> Additionally, two famous books presenting the thesis that religion and science are in conflict were published during this time—John William Draper’s *History of the Conflict between Religion and Science* (1874) and Andrew Dickson White’s *A History of the Warfare of Science with Theology in Christendom* (1896). While scientific ideas and religious ideas had come into conflict well before the late nineteenth century, these books brought the conflict to public attention in a new way.

In response, Worcester and McComb argued that religion was a legitimate way of thinking, just like science, because both religion and science required “faith.” Building on the work of Josiah Royce, they contended that scientists accepted the principle that “nature is intelligible...[and] can be understood,” although they had no certainty that nature really could be understood. It was not an insult to religion to say that it was

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<sup>90</sup> Ibid, “Does Nothing Remain of Christianity but its Ethical Ideal?” *Current Literature* Vol. XLVI, no. 3 (1909): 290-291.

<sup>91</sup> Susan Jacoby, *Freethinkers: A History of American Secularism* (New York: Henry Holt and Company, 2004), 149-185.

<sup>92</sup> J.D. Shaw, a former Methodist minister in central Texas came to similar conclusions about the Bible’s inconsistencies as freethinkers in the Northeast. He published a journal called *The Independent Pulpit* for nearly two decades, which spread the ideas of free thought throughout Texas and beyond. For more on Shaw, see Blake Womack Barrow, *Freethought in Texas: J.D. Shaw and The Independent Pulpit* (M.A. diss., Baylor University, 1983).

grounded in “faith,” because science (and many other everyday activities) required faith. What differed among them was only the “object” of faith: “Just as the scientist believes in the perfect order of nature in spite of experiences to the contrary...so the religious man believes in the goodness of God and in the victory of this goodness in spite of all that seems to tell against it.”<sup>93</sup> By attempting to resolve the conflict between religion and science, Worcester spoke to the concern of liberal Protestants who wanted to believe in both religion and science.

Worcester and McComb argued that religion had a special role in addressing the worries and cares of individuals’ lives. They addressed at least two kinds of worry—average fears and worries of everyday life (like death, poverty, etc.) and abnormal worries, like phobias. They claimed that even if science had done a lot to do away with fear of “ghosts and demons,” other new fears had arisen. In addition, though science may have “combat[ed] pathological fears, she ha[d] no healing word for the dreads that originate in the moral and spiritual nature, the self-fear that debases life, the specter of guilt that will not down.”<sup>94</sup> When it came to phobias, a variety of treatment options were available—hypnotic suggestion, reeducation, work (as in physical exercise), and religion. To treat either average worries or phobias, religion was ultimately the best option, because “The sufferer’s faith that...about him is an Unseen Presence, will often avail to ward off an emotional crisis.”<sup>95</sup>

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<sup>93</sup> Worcester, *Religion and Medicine*, 290-292.

<sup>94</sup> Ibid 268.

<sup>95</sup> Ibid 288.

McComb and Worcester employed the knowledge of science to explain and to support their understanding of why faith was so effective in healing. McComb explained that emotions have a strong impact on “the involuntary physical processes,” so while “fear disorganizes and paralyzes the delicate machinery of the nervous organism...faith simulates and harmonizes them.”<sup>96</sup> However, he contended that any kind of faith can promote physical healing, but only faith in “an object worthy of man’s ethical dignity” promotes spiritual healing. Jesus, for McComb, was the ultimate faith healer, because “He interprets God to us.”<sup>97</sup> Through their strong assertion of the power of religion to work with science through faith healing, Worcester and McComb presented their followers with something that spoke to their fears and calmed their nerves. In addition, they promoted the strength and superiority of the Christian faith. Thus, though in some ways Worcester’s therapeutic technique was comparable to other faith healing movements of the early twentieth century, the Emmanuel Movement’s success may be credited to the way that he and McComb masterfully brought together public interest in health and disease, psychology and psychic phenomena, faith healing, and threats to the future of Christianity.

Finally, the Emmanuel Movement also spoke to the progressive impulse of the era. Though the movement was not directly involved in political or social-class reform, it certainly fit in with other progressive-style projects, which sought to improve society by improving the living conditions of others, and it fit within the Episcopalian belief in the

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<sup>96</sup> Ibid 294.

<sup>97</sup> Ibid 295.

church's responsibility to society.<sup>98</sup> The movement also aspired toward moral reform of its patients and harnessed science toward that end. Worcester and McComb addressed their contemporaries' fears and sought to meet them through a medium of reform that would be familiar to them.<sup>99</sup> In so doing they created a rare moment of partnership between physicians and clergymen.

After Worcester moved to Boston, the movement really began to take shape through the Emmanuel Church's collaboration with Dr. James H. Pratt of the Massachusetts General Hospital, the leading hospital in Boston at the time. Pratt was working on a treatment program for sufferers of tuberculosis and asked Worcester to involve his parishioners in the patients' home care by providing food and companionship. Members of Emmanuel Church helped the patients to install outdoor places to rest on the roofs of the tenement houses in keeping with current trends to treat tuberculosis with bed rest and as much fresh air as possible. The church's involvement in this and later social projects gained it recognition from Ray Stannard Baker, the famous journalist, who claimed, "No other church in Boston and few in America have gone further with institutional activities, for none has felt more keenly the need of some agency to soften

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<sup>98</sup> Hein 96-99.

<sup>99</sup> Most historians of the "Progressive Era" do not discuss religion at great length in their analysis of what, if anything, the progressive movement was. Michael McGerr, for example, deals with religious belief only in passing as it applies to various reformers. See Michael McGerr, *A Fierce Discontent: The Rise and Fall of the Progressive Movement in America, 1870-1920* (Oxford and New York: Oxford University Press, 2003). One notable exception to this trend is Robert Crunden, who attempts to address religion in the progressive era by analysis of the lives and ideas of several key individual reformers. See Robert Crunden, *Ministers of Reform: The Progressives' Achievement in American Civilization, 1889-1920* (New York: Basic Books, 1982).

the strain of modern economic relationships.”<sup>100</sup> The lessons that Worcester learned from the tuberculosis program inspired him to create a similar program to treat nervous disorders.

Worcester found the tuberculosis treatment program inspirational for a number of reasons. He admired the human interaction that came along with the class format. He attributed the success of their program primarily to “Doctor Pratt’s personality and to the faith and hope he was able to instill into our patients.”<sup>101</sup> From this experience Worcester developed a treatment philosophy that relied heavily on the ability of the physician or minister to inspire confidence in those who sought their help. Most importantly, Worcester took this experience as a jumping off point for his desire to see ministers and physicians cooperate in treating both physical and spiritual ailments. McComb had also studied many of the same ideas in psychology during his training,<sup>102</sup> and the two of them decided to create “a class, which [they] innocently supposed would not be larger than the Tuberculosis Class, for the moral and psychological treatment of nervous and psychic ailments.”<sup>103</sup>

Worcester justified his entrance into therapeutic practice by citing his deference to medicine. He explained that he and his colleagues refrained from “dogmatically [affirming] what the mind can or cannot accomplish, but they [were] willing to listen to

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<sup>100</sup> Ray Stannard Baker, *New Ideals in Healing* (New York: Frederick A. Stokes Publishing Company, 1909), 3.

<sup>101</sup> Worcester, *Life’s Adventure*, 283.

<sup>102</sup> McComb had trained at Oxford and the University of Glasgow before studying psychology, theology, and philosophy in Berlin. See Lyman P. Powell, “What is the Emmanuel Movement: Who is its Founder and What are his Methods?” *The Ladies Home Journal* November 1908: (24).

<sup>103</sup> Worcester, *Life’s Adventure* 285.

the conclusions of science, thereby “avoid[ing] the one valid objection which [had] been ever used against psychotherapeutics, namely its employment in disease which obviously require physical interference...”<sup>104</sup> At the heart of the Emmanuel Movement’s message lay a combination of “the means of modern science and the Gospel of Christ.” “We believe in the power of the mind over the body, and we believe also in medicine, in good habits, and in a wholesome, well-regulated life.”<sup>105</sup> Worcester contended that if the Church was going to compete with the many healing cults, like Christian Science, that were spreading throughout the United States, Christianity must come to terms with the new psychological science:

The teachings of modern psychology and physiology as to the essential unity of human nature and the mutual relations of mind and body have sunk so deep into the popular conscience that the Church can no longer address men as disembodied spirits, and no scheme of salvation causes the heart to beat with hope which does not include the whole man and which does not begin now.<sup>106</sup>

Worcester envisioned cooperation between ministers and physicians by each caring for separate spheres of sickness. Worcester limited his treatment to particular set of ailments—the functional neuroses—that he thought medicine was unprepared to address. In medical terms, “functional neuroses” meant any disease that did not have an obvious physical cause. This often entailed things like hysteria, mania, psychasthenia, and hypochondria, as well as phobias. Worcester argued that functional neuroses were “moral” ailments that need to be treated by someone with moral training.<sup>107</sup> Worcester thought that physicians should “pay more attention to their moral relation with their

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<sup>104</sup> Worcester, *Religion and Medicine*, 4.

<sup>105</sup> *Ibid* 6, 2.

<sup>106</sup> *Ibid* 6-7.

<sup>107</sup> *Ibid* 4-5, 108-124.

patients,” because the personality of the physician is crucial to the healing process. However, physicians’ training only covered what he called the “material.”<sup>108</sup> The implication was that Worcester and other clergymen were in a better position to address functional neuroses, because they had given more thought to interpersonal relations. Nevertheless, Worcester made sure that his patients saw a physician to rule out physical conditions prior to psychological treatment, and for a time several Boston area physicians worked hand-in-and with the movement.<sup>109</sup>

This collaboration was particularly unusual, given the professional status of physicians at this time. As Paul Starr explains, the turn-of-the-century period brought many challenges to physicians, who were trying to establish enforceable educational standards in the field of medicine. Physicians were also competing with a variety of healers—including faith healers, patent druggists, chiropractors, and osteopathic practitioners—for control of healing practices in the United States. Though physicians would eventually wrest control from these groups, their profession was by no means stable, nor their power firmly established at the time of the Emmanuel Movement’s emergence in 1906.<sup>110</sup> Thus it was highly unusual that they would consider working with any non-medical healers, let alone religious healers, and the ultimately tenuous backing of physicians for Worcester’s movement would have a hand in its downfall.

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<sup>108</sup> Ibid 49-52.

<sup>109</sup> Ibid 5.

<sup>110</sup> Physicians were, perhaps rightly, opposed to the proliferation of patent medicines at the turn of the century. Often these medicines were ineffective, and in some cases harmful. The fight to control drugs and medication played an important role in physicians’ move to professional control. See Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books, Inc, Publishers, 1982), 127-133.



## Conclusion

In considering the causes of the Emmanuel Movement's decline, scholars commonly conclude that it was the result of physicians' withdrawal of their support. Physicians had worried all along that if the movement spread beyond Boston it would quickly spiral out of their control into the hands of untrained amateurs. This certainly proved to be the case. One notable example is that of Thomas Boyd. Boyd was a minister based in San Francisco. He heard about the Emmanuel Movement and rapidly set out to embrace its principles and put them into practice. He published a series of books about faith healing, and he opened a center for the teaching the Emmanuel method. His book *The How and Why of the Emmanuel Movement* explicitly connected him to the Emmanuel Movement, laying out his views of the therapy. Although Boyd's basic message was similar to Worcester's, he made it plain that while he had been cooperating with physicians, as Worcester and McComb did, he did not think that physicians had a special claim to wisdom in the ways of healing.<sup>111</sup> Boyd's attitude was exactly the one feared by physicians.

Once James Jackson Putnam, a leading physician in Boston, withdrew his support from the movement, it had little hope of continued physician backing in the Boston area. A physician periodical, *The Medical Record* asked, "If the physician is to intrust the care of his patients of the clergyman why not to the lawyer? The latter is as much the confidant of his clients as the minister of his parishioners, and could speak just as

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<sup>111</sup> Thomas Boyd, *The How and Why of the Emmanuel Movement: A Handbook on Psychotherapeutics*, 4<sup>th</sup> ed. (San Francisco: The Emmanuel Institute of Health, 1921), iv-v.

authoritatively to the subliminal self of the sick.”<sup>112</sup> Physicians were eager to defend their territory as the authority on healing. Thus, the politics of professionalization certainly had an effect on the Emmanuel Movement as it found itself ostracized by the very physicians with which it hoped to collaborate.

However, it is important to bear in mind that some clergymen, as much as physicians, opposed the Emmanuel Movement. Clergymen often shared physicians’ concerns that the movement would fall into the hands of people unprepared for the therapeutic practice. Worcester and McComb were somewhat unique in that they had professional training in psychology, and clergymen worried that untrained people would undertake a practice for which they were not adequately prepared. Additionally, some clergymen had reservations about Worcester’s liberal theological approach to scripture and to Jesus. They thought that Worcester’s emphasis on healing “distract[ed] attention, energy and money from the real business of the church, which [was] to cure souls and not (primarily) bodies.” They argued that “people who ‘get religion’ because they want to ‘get well’ are on a low plane, and are sure to be disappointed in one particular and deserve to be in the other.”<sup>113</sup> However, in addition to the support lost by clergymen and physicians just a few short years after its rise to prominence, many of the ideas that underpinned the Emmanuel movement—like the subconscious—began to lose traction quickly, making it irrelevant to mainstream Protestantism.

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<sup>112</sup> Anon., “A Pathological View of the ‘New thought’ as a Form of Mania,” *Current Literature*, vol. XLVI, no. 1 (1909): 99.

<sup>113</sup> Anon., “Dangers of the New Therapeutic Movement,” *Current Literature*, vol. XLIV, no. 4 (1908): 408-409.

Despite its short life, revisiting the history of the Emmanuel Movement calls scholars to carefully reconsider of the historiography of religion and psychology at the turn of the century and to consider potential new avenues of inquiry. First, the history of the movement's ideas indicates untapped intellectual associations across the Atlantic, especially in the early history of psychical research and the psychology of religion. Ann Taves suggests another constellation of European intellectual influences that require further explanation, as she considers the reception of James' *Varieties* in a "transatlantic" context. However, the figures that she identifies are different from the underrepresented intellectuals whom Worcester cited and are more reflective of James' interest in psychical research.<sup>114</sup> Cross-Atlantic connections are increasingly coming to scholars' attention,<sup>115</sup> and more work remains to be done to identify additional sources and to determine the extent of their influence on American psychology and religion.

Second, the Emmanuel Movement prefigures the late twentieth century engagement of medicine with spirituality and religious faith. In *Persuasion and Healing* (1961), psychologist Jerome Frank argued that religious faith healing and psychotherapy shared certain qualities, including the patient's need to believe in the treatment process and the dual directionality of mind-body interactions—an argument not unlike

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<sup>114</sup> Ann Taves, "William James Revisited: Rereading *The Varieties of Religious Experience* in a Transatlantic Perspective," *Zygon*, vol. 44, no. 2 (June 2009): 418ff.

<sup>115</sup> The trend toward recognition of transatlantic and transnational influences in American history is represented by Thomas Bender's recent argument to reconsider American history from a transnational perspective. He argues that American national history must take on a global perspective, because "America's history [is] global even as it is national, provincial even as it shares in the general history of humans on this planet." See Thomas Bender, *A Nation Among Nations: America's Place in World History* (New York: Hill and Wang, 2006), ix.

Worcester's.<sup>116</sup> Another more recent example of cooperation between physicians and spiritual practitioners is Jon Kabat-Zinn's Center for Mindfulness at the University of Massachusetts Medical School. Kabat-Zinn espouses the practice of Mindfulness-Based Stress Reduction (MSBR), which employs certain Buddhist practices of meditation and yoga to promote a healthier and less stressful life.<sup>117</sup> Kabat-Zinn's practice marks the combination of medicine and religion, which began to surface in the mid- to late-twentieth century. The Emmanuel Movement prefigures the way that physicians would eventually come to embrace the mind-body connection presented in mind-cure style healing and Buddhism. The story of medicine's embrace of mind-body healing techniques has yet to be told in full.<sup>118</sup>

Finally, the ideas of the Emmanuel Movement suggest another liberal Protestant lineage that runs from James. As argued above, Worcester viewed the subconscious differently from other liberal Protestants, who emphasized its primitive qualities.

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<sup>116</sup> Jerome D. Frank and Julia B. Frank, *Persuasion and Healing: A Comprehensive Study of Psychotherapy* (Baltimore: The Johns Hopkins University Press, 1993). It was originally published in 1961.

<sup>117</sup> Center for Mindfulness, "The Stress Reduction Program," and "Jon Kabat-Zinn: Biographical Information," Center for Mindfulness at the University of Massachusetts Medical School <http://www.umassmed.edu/Content.aspx?id=41252> (accessed November 27, 2009).

<sup>118</sup> In a recent dissertation, Wakoh Shannon Hickey traces the history of the modern mindfulness movements to the dual traditions of Phineas Quimby and Buddhism. She notes briefly that the Emmanuel Movement was an early example of "the appeal to mainstream medical science and establishment credentials" that would characterize the mindfulness movement. However, she only casually refers to the movement in passing and does not explore the unusual nature of this interaction of the clergy and medicine. In addition, because she focuses on these movements, the story of medicine's acceptance of the mind-body connection remains to be fleshed out. See Wakoh Shannon Hickey, "Mind Cure, Meditation, and Medicine: Hidden Histories of Mental Healing in the United States," Ph.D. diss., (Duke University, 2008), 59-60.

Worcester, instead, identified the subconscious as the site of healing power, and he did not concern himself with the rational conversion experiences that Protestant psychologists of religion espoused. In addition, Worcester's life after the Emmanuel Movement points to a continuation of the Jamesian tradition of the healing subconscious as well as an interest in spiritualism.

Worcester perpetuated Jamesian interest in spiritualism, with which James had engaged as a part of his psychic research and interest in the subconscious. In his later years, Worcester wrote another book summarizing his views on psychotherapy—the same book in which he dealt with Freudian and Jungian psychology. In providing evidence for the existence of the subconscious, Worcester presented examples from psychic research. He credited James and Myers for their initial work in this field, and he argued that psychic researchers were highly credible because of their standards for proof. As an example of the kind of psychic research that had begun to interest Worcester in his later years, he retold the story of another Episcopalian minister, Reverend George William Douglas, D.D. Douglas apparently communicated with his servant, who was sent to war in France, through a medium. The servant was later able to recount many of these communications.<sup>119</sup> Worcester had great faith in these spiritual activities—suggesting one way that a Jamesian form of Protestantism continued into the twentieth century.

Even after the decline of the Emmanuel Movement, Worcester continued to employ suggestion therapy. He left the professional ministry in 1929 to open a treatment center focused directly on helping alcoholics recover and remain sober—the Craigie

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<sup>119</sup> Worcester, *Mind, Body, and Spirit*, 32-36.

Foundation. His application of Jamesian psychology to alcoholism closely mirrored the later ideas and approach of Alcoholics Anonymous (A.A.), and the Craigie Foundation in fact had a connection to AA. Courtenay Baylor, one of Worcester's patients, eventually became one of his most valued assistants in running the foundation.<sup>120</sup> Baylor apparently helped treat Richard Peabody, who wrote *The Common Sense of Drinking*. Peabody's work directly influenced Bill Wilson, founder of A.A. The Craigie Foundation and A.A. were open briefly at the same time. Eventually A.A. overtook the Craigie Foundation, as members apparently found A.A. a more congenial environment.<sup>121</sup> Through shared philosophy, aim and indirect connection, Worcester's James-based therapy lived on through A.A., maintaining a belief in the ability of a divine power to heal through the subconscious. It seems likely that there are other unknown avenues through which Jamesian ideas continued to have an impact in liberal Protestantism.

In sum, the Emmanuel Movement paints a broader picture of the turn of the century—one in which many Christians worried about the future of their faith, as rational theology and strange healing cults threatened its traditional boundaries. During this brief window of time, public interest in healing and religion made it possible for a man like Worcester to create a movement based in intellectual trends in psychology, theology, and healing in general that grabbed public attention—and to coordinate with physicians.

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<sup>120</sup> Baylor was one of Worcester's first success stories. He wrote at least one book, which was offered as a defense of his undertaking psychotherapy as a layman and which explained his experience in treating alcoholics. See Courtenay Baylor, *Remaking a Man: One Successful Method of Mental Refitting* (New York: Moffat, Yard, & Company, 1919).

<sup>121</sup> Francis Hartigan, *Bill W.: A Biography of Alcoholics Anonymous Cofounder Bill Wilson* (Macmillan, 2001), 99-101.

However, the Emmanuel Movement also indicates the limits of public and intellectual willingness to experiment with these ideas, as they began to stretch traditional professional boundaries and perhaps threaten Christianity itself. Thus, many of these ideas were removed from the center stage of public attention, subsisting in marginal areas, like the small ministry to alcoholics led by Worcester.

Historians of this period have more work to do to understand the complexity of interactions among liberal Protestant thinkers and their public—especially looking to differences between those who emphasized healing or conversion, irrationality or rationality. The intellectual progression of psychotherapy and the influence of James and Freud should be more clearly mapped out, and new figures can be included in the story of European intellectual influence on American psychological thinking. Finally, there is a larger story about a Jamesian branch of Protestant Christianity and psychological thinking. Ultimately the Emmanuel Movement serves as a powerful reminder to scholars to take care in analyzing their examples, as even a seemingly familiar example may reveal unexpected historical possibilities.

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## **VITA**

Rachel L. Ozanne was born in Muncie, Indiana. She graduated from Lake Highlands High School in Dallas, Texas in May 2002 and entered the University of Texas at Austin in August 2002. She received a Bachelor of Arts in Plan II and History from the University of Texas in May of 2006. After a year working for a law firm in Austin, Rachel entered the Graduate School at the University of Texas at Austin to study religious history in the United States.

Permanent Address: 618 W. 51<sup>st</sup> Street

Austin, Texas 78751

This report was typed by the author.